

G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Anita Dutta Age..... 48 y Sex..... F

Address.....

Physician / Surgeon..... Unit A (M) Ward..... A No. of Bed / Cabin..... X7

Paying / Non Paying.....

Brief history of case Ish. CVA

Clinical Diagnosis MRI Brain

Particulars point to be Investigated

Instruction

Date..... 15/10/18

R.M.D.
Female Medicine Ward
6th Floor
Signature [Signature]
G. Kar Medical College & Hosp

REPORT

Notes : (1) This form should, except in urgent cases, be signed by the Visiting Staff.
(2) A note should, in all fracture cases, be made as to whether the splints may be removed.
(3) The time at which a Bismuch meal has been given should be noted.
(4) In the M. C. H. this form should be sent to the X-Ray Department at 8.30 a.m. for appointment of time